

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000092692

Entity Name: CASA COCO INC.

FILED  
Jan 05, 2008  
Secretary of State

**Current Principal Place of Business:**

246 LAKELAND DRIVE  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

**Current Mailing Address:**

246 LAKELAND DRIVE  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

FEI Number: 65-0974202

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CUDAL, ARNFIELD  
246 LAKELAND DRIVE  
WEST PALM BEACH, FL 33405 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVD ( ) Delete  
Name: CUDAL, ARNFIELD  
Address: 246 LAKELAND DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: STD ( ) Delete  
Name: CUDAL, MARY  
Address: 246 LAKELAND DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33405

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNFIELD P CUDAL

PVD

01/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date